



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

DEATH AND AUTOPSY

Effective Date: September 6, 2016

Policy #: PH-01

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- I. PURPOSE:** To establish guidelines for actions to take in the event of a patient death including notification of family, reporting of death, and obtaining permission to have an autopsy performed.
- II. POLICY:** Staff of Montana State Hospital (MSH) will notify the Medical Director, Hospital Administrator, family and/or guardian and, when necessary, the county coroner in the event of the death of a patient at MSH. When required or deemed appropriate, permission to have an autopsy performed will be requested from the family.
- III. DEFINITIONS:** None
- IV. RESPONSIBILITIES:**
 - A. The Medical Clinic physicians are primarily responsible for pronouncing the death of a patient, although any other Licensed Independent Practitioner (LIP) present at the time of death can declare death.
 - B. In cases of expected death of a patient on Do Not Resuscitate status the RN may declare death.
 - C. All other responsibilities are listed in the procedural section of this policy.
- V. PROCEDURE:**
 - A. The LIP or RN who pronounces the patient dead will:
 - 1. Notify the Medical Director and Hospital Administrator.
 - 2. Notify the next-of-kin, and/or legal guardian to inform of the individual's death and seek instruction regarding disposition of the body and belongings and request permission for an autopsy when indicated.
 - 3. Notify the Anaconda-Deer Lodge County Coroner (563-5241) in all cases of death.
 - a. The coroner is required by Montana Law to investigate any death caused by other than natural causes, even if the attending physician is willing to

sign the death certificate. The following are examples of general categories of deaths that are to be reported to the coroner.

- i. Death resulting from a criminal or suspected criminal act.
- ii. Death resulting from suicide.
- iii. Death resulting in any degree from an injury either recent or remote.
- iv. Death resulting from an accident.
- v. Any medically suspicious death, unusual death; or death of unknown or suspicious circumstances.
- vi. Death by an agent, disease, or medical condition that poses a threat to public health.
- vii. Death that occurred less than 24 hours after the deceased was admitted to MSH or another medical facility, or if the deceased was dead on arrival at MSH.
- viii. Death where the attending LIP is unable or will not sign the death certificate.
- ix. Death of a hospital employee or visitor occurring at the hospital.

b. The coroner, county attorney or attorney general has the authority to order an autopsy. The family need not give permission for an autopsy ordered by the coroner, county attorney or attorney general. If the autopsy is clearly indicated and ordered by the coroner, county attorney or attorney general the family will be contacted by the coroner. If the family brings up the subject of an autopsy, refer them to the coroner.

c. The body of the deceased must not be released to a funeral home without first contacting the coroner.

d. Release of patient information and/or Patients Medical Record

- i. The patient's prescribed medication and other pertinent information may be divulged to the coroner or physician performing an autopsy on the deceased by the LIP.

4. The LIP or designee will complete death report form (Attachment B) and send to the Medical Director and Hospital Administrator within 24 hours.

B. The Hospital Administrator or designee will fax the completed death report form (Attachment B) to the AMDD Administrator.

C. Autopsies

1. The county coroner, county attorney or attorney general may order an autopsy if, in his/her opinion it is advisable or required in accordance with M.C.A. § 46-4-103 "Autopsy – when Conducted, Scope."

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DEATH & AUTOPSY

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2. An autopsy may be performed in any death of medical and educational interest and may be performed at the request of the next-of-kin or legal guardian.
3. An autopsy may be requested by the LIP for an unexpected death.
 - a. Permission for autopsy must be obtained from the guardian and/or next of kin indicated by their signature on the autopsy permission form (attached) or via monitored and duly documented telephone call.
 - b. When no next of kin or legal guardian is available or known, the LIP has the authority to request the district court for permission to perform an autopsy. (M.C.A. § 50-21-103 “Limitations on Right to Perform Autopsy or Dissection”).
 - c. The signed autopsy permission form (Attachment A) is placed in the medical record and a copy of the form will be delivered to the facility performing the autopsy.
 - d. The state medical examiner, located in Missoula, Montana, performs autopsies for MSH. Transportation of the body to the examiner's office may be provided by MSH staff.
- D. The Nurse Manager, Nursing Supervisors, or designee must call the organ/tissue/eye centers at 1-888-266-4466 and complete Organ Tissue Donor Inquiry/ Information to Funeral Home Form (see Attachment C). **This call is required in the deaths of patients at MSH, regardless of organ/tissue donor status or expected autopsy.**
- E. The Nurse Manager, Nursing House Supervisor or designee will notify the mortuary designated by the family/guardian to arrange for disposition of the body.
- F. In the event that family/guardian is unknown and no funeral arrangements have been made in advance, the Nurse Manager, Nursing House Supervisor/designee will notify a community mortuary (on a rotating basis, if possible) to arrange for disposition of the body.
- G. The mortician, LIP and/or coroner are responsible, in accordance with M.C.A. § 50-15-403 “Preparation and Filing of Death or Fetal Death Certificate and 405 “Authorization for Removal of Body from Place of Death, for the disposition of the body and authorizing the removal of the body from the place of death. The mortician is responsible for completion and filing of the “Death Certificate”.
 1. The Nurse Manager/Nursing House Supervisor/designee will provide the person responsible for disposition of the body with personal data on the deceased and/or a copy of the patient information face sheet from the medical record.

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- _____/_____/_____
Thomas Gray, MD Date
Medical Director

MONTANA STATE HOSPITAL
AUTHORIZATION FOR AUTOPSY

DATE: _____ TIME: _____

I, _____, bearing the relationship/guardianship of
_____ hereby authorize Montana State Hospital and
such persons designated by the hospital, to perform

_____ an unrestricted

_____ a restricted (note restrictions) _____

post-mortem examination on the body of the above-named deceased, and to remove and retain such organs, or parts of organs and tissues as may be necessary for further study to determine the cause of death and to advance medical knowledge and progress. It is understood that due care will be taken to avoid mutilation or disfigurement of the body.

Signature of next of kin/guardian

Relationship

Date

Signature of Witness

Title

Date

ORIGINAL TO ACCOMPANY BODY
COPY TO FILE

Montana State Hospital
Resident Death Report

Name:	Patient Number:
Date of Admission	Type of admission:
Social Security Number:	
Medicare Number:	Medicaid Number:
Veteran Status:	Religion
Date of Birth:	Date of Death
Time of Death	Age at Death
Location at time of Death:	
Cause of Death:	
Physician:	Unit LIP:
Next of Kin Notified: (name & time)	
Guardian notified: (name & time)	
Funeral Home:	
Was death reported to Coroner? Yes_____ No_____.	

Was patient in restraint or seclusion at time of death? Yes_____ No _____

Was the death within 24 hours of the patient being removed from restraint or seclusion?
Yes_____ No _____

Was the death within one week of the patient being removed from restraint or seclusion?
Yes_____ No _____.

Was the death related to the restraint or seclusion? Yes _____ No _____

If yes: _____

CMS – Rule: 42CFR482.13 (g) (1) (i, ii, iii) (2)(3). The hospital must report any death that occurs while a patient is restrained or in seclusion, or where it is reasonable to assume that a patient's death is a result of restraint or seclusion. Any death related to seclusion or restraint must be reported to the Certification Bureau Chief by telephone no later than the close of business the next business day following knowledge of the patient's death. Hospital Administrator or designee will call Certification Bureau Chief at (303)-844-7048 to report and document the date and time of report in the patient's medical record.

CC: Hospital Administrator
AMDD Administrator

Medical Director
Board of Visitors

ORGAN & TISSUE DONOR INQUIRY	INFORMATION TO FUNERAL HOME
<p>I. <u>ELIGIBILITY</u> - Prior to approaching the family:</p> <p>A. The Donor Referral Line <u>must</u> be contacted on ALL deaths & imminent deaths to determine medical suitability for donation. and assessment for donor registration.</p> <p style="padding-left: 20px;">Ventilated Patients: PHONE - 1(888) 543-3287</p> <p style="padding-left: 20px;">Non-Ventilated Patients: PHONE - 1(888) 266-4466</p> <p>_____</p> <p style="text-align: center;">Name of Donation Agency Coordinator</p> <p>_____</p> <p style="text-align: center;">Referral Reference # from Donor Referral Line</p> <p>B. Candidate for Organ/Tissue Donation:</p> <p style="padding-left: 20px;"><input type="checkbox"/> YES</p> <p style="padding-left: 20px;"><input type="checkbox"/> NO - Reason _____</p> <p>The patient is a potential donor for the following organs/tissues (check all that apply):</p> <p style="padding-left: 20px;"><input type="checkbox"/> Organs <input type="checkbox"/> Bones/Tissue</p> <p style="padding-left: 20px;"><input type="checkbox"/> Heart for valves <input type="checkbox"/> Eyes</p> <p><u>IF DETERMINED <u>NOT</u> MEDICALLY SUITABLE TO DONATE- PROCEED TO REPORT OF DEATH SECTION.</u></p> <p>II. <u>REQUEST</u></p> <p>Donor Registration: Donation agency coordinator will provide a confirmation form to place in the chart. No Family consent is necessary.</p> <p>A. Donation Agency Coordinator OR Hospital Trained Designated Requestor to approach family with coordinator guidance.</p> <p>_____</p> <p style="text-align: center;">(Name)</p> <p>B. Name & Relationship of next-of-kin to whom Request made:</p> <p>_____</p> <p style="text-align: center;">(Name)</p> <p>C. Response of Family:</p> <p style="padding-left: 20px;"><input type="checkbox"/> Yes - Complete Consent for Organ and Tissue</p> <p style="padding-left: 20px;"><input type="checkbox"/> No – Indicate family reason for denial.</p> <p>_____</p> <p>_____</p> <p>D. Medical Examiner (ME)/Coroner -if applicable</p> <p>_____</p> <p style="text-align: center;">(Name/County)</p>	<p>III. <u>NOTIFICATION</u></p> <p>A. Patient Name _____</p> <p style="padding-left: 20px;">Social Sec.# _____</p> <p style="padding-left: 20px;">Date of Birth _____</p> <p style="padding-left: 20px;">Occupation _____</p> <p style="padding-left: 20px;">Date Admitted _____ Time _____</p> <p style="padding-left: 20px;">Date of Death _____ Time _____</p> <p>B. Next-of-kin (name/address/phone)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>C. Primary Physician(s):</p> <p>_____</p> <p>_____</p> <p>D. Was patient in isolation at time of death:</p> <p style="padding-left: 20px;"><input type="checkbox"/> YES, what type _____</p> <p style="padding-left: 20px;"><input type="checkbox"/> NO</p> <p>E. ME/Coroner's Case <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="padding-left: 20px;">Body Released <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="padding-left: 20px;">Released for Donation <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Name of ME/Coroner notified:</p> <p>_____</p> <p>Time Notified: _____</p> <p>F. Autopsy:</p> <p style="padding-left: 20px;"><input type="checkbox"/> YES, requester _____</p> <p style="padding-left: 20px;">(fill out autopsy form)</p> <p style="padding-left: 20px;"><input type="checkbox"/> NO</p> <p>_____</p> <p style="text-align: center;">RN Signature Date</p> <hr style="border: 1px solid black;"/> <p>IV. <u>DISPOSITION</u></p> <p>A. Disposition of valuables / Belongings</p> <p style="padding-left: 20px;"><input type="checkbox"/> To family <input type="checkbox"/> To funeral home <input type="checkbox"/> Kept on unit</p> <p>B. Funeral Home: (Name/phone number)</p> <p>_____</p> <p>_____</p> <p>C. Funeral Home Notified by:</p> <p>_____ Time: _____</p> <p>_____</p> <p>Signature from Funeral Home Date/Time</p>

Persons Authorized to Consent/Next-of-kin Hierarchy: (Montana)

- 1) Durable Power of Attorney of Health Care
- 2) Spouse
- 3) Son or Daughter (18 years of age or older)
- 4) Parent
- 5) Adult Brother or Sister
- 6) Grandparent
- 7) Legal Guardian

The Medical Examiner/Coroner will need to be notified for release of body and to request permission for Organ and/or Tissue Donation and in the following cases:

- Homicide
- Suicide
- Accident
- Unknown or doubtful cause
- Trauma
- Drug related
- Deaths within 24 hours of admission